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Florida Notary Commission Address Change Form

Florida statute requires you to notify the Florida Department of State, in writing, of any changes to your residence address, residence telephone number, business address, business telephone number or criminal record within 60 days of the change.

- Commissioned Name: _____
  Please print or type your name exactly as it currently appears on your commission.
- Social Security Number: _____ - _____ - _____
  Florida law requires your Social Security Number.
- Date of Birth: _____ / _____ / _____
  Month Day Year
- Notary Commission Expiration Date: _____ / _____ / _____
  Month Day Year
- Notary Commission Number: _____
- New Residence Address:

  _____
  Street City State Zip Code
- New Residence Phone Number: (_____)_____
- New Employer / Business Name: _____
- New Business Address:

  _____
  Street City State Zip Code
- New Business Phone Number: (_____)_____ Extension (If Applicable): _____
- Mail To: ☐ Residence ☐ Business ☐ *Other Mailing Address
- *Other Mailing Address:

  _____
  Street or P.O. Box City State Zip Code

This information is true and correct to the best of my knowledge.

X _____
Sign your name exactly as it currently appears on your commission.

Date: _____ / _____ / _____
Month Day Year

Affix your current notary stamp seal in this box.